

CLAIMS ONLY								Application Number		Filing Date		
								Applicant(s)				
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/								51	/		
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48		/							98			
49		/							99			
50		/							100			
Total Indep									Total Indep			
Total Depend									Total Depend			
Total Claims									Total Claims			